PRINTING REQUISITION FORM

FROM:

TO: N12

ITEM: A = Forms   B = Instructions and notices   C = Miscellaneous   D = PAT Pubs   Job # =

JUSTIFICATION:

DISTRIBUTION: (Name, Address, Phone Number)

DISTRIBUTION CONTACT:		PHONE

DATE REQUIRED:	CODE:	EXT:

NO. OF ORIGINALS	NO. OF COPIES	COVER: YES / NO	COVER COLOR:

COLLATE: YES / NO	STAPLE: ____ 1 ULC ____ 2 TOP ____ 2 SIDE ____ NONE	HOLES: ____ 3 LEFT HOLES ____ OTHER ____ 2 TOP HOLES

PAPER: ____ BOND ____ NCR ____ INDEX	INK COLOR:	PAPER SIZE:	PAPER COLOR:

PAD: YES / NO	PRINTING: ____ 1 SIDE ____ H TO H ____ H TO F ____ HEAD TO L ____ HEAD TO R ____ LAYOUT

REQUISITIONER SIGNATURE	DATE OF REQUEST:

For Management Support Personnel Only

Date Received _____

Initials _____

Job inspected by (initials) _____

Acceptable : YES / NO   Unacceptable: YES / NO

Comments:

CNATRA 5604/2 (Rev. 3-98)